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APPLICATION NO,	PPLICATION NO. FILING DATE			FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/640,081	10/640,081 08/13/2003			James M. Minor		10030208-1 7915		
		тем е	OD MITTING		COVERY		10030208-1	7915
TITLE OF INVENTION: METHODS AND SYSTEM FOR MULTI-DRUG TREATMENT DISCOVERY								
APPLN. TYPE	SMALL ENTITY	188	UB FEE DUB	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1440	\$300	\$0		\$1740	01/31/2008
EXAMINER			ART UNIT	CLASS-SUBCLASS				
SHIBUYA, MARK LANCE			1639	435-006000				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list								
CFR 1.363).				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			concespondence	(2) the name of a single firm (having as a member a 2				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney or agent) and the names of up to 2 registered patent attorney are agent). If no name is 1 steel, no name will be printed.				
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	тов	E PRINTED ON 7	THE PATENT (print o	type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Agilent Technologies, Inc. Santa Clara, CA								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🎜 Corporation or other private group entity 🔘 Government								
4a. The following fee(s) a	re submitted:		4b	. Payment of Fee(s): (lease first reapply a	v previ	ously paid issue fee s	hown above)
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.								
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Advance Order - #	of Copies			The Director is her overpayment, to D	eby authorized to char posit Account Number	ge the re	ouired fee(s), any def	extra conv of this form)
5. Change in Entity Stat	us (from status indicated	above)			•		(-mar copy or and totally.
	SMALL ENTITY statu			☐ b. Applicant is no	longer claiming SMAI	L ENT	TY status. See 37 CF	R 1.27(g)(2).
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Authorized Signature	Chr.	7.	" Dra	dy_		29/2		
Typed or printed name	John F. B	rady		/	Registration N	o. 3	9,118	
This collection of informs	tion is required by 37 C	FR 1.31	1. The information	n is remired to obtain				- d- Horro
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